

Cirrhosis Care Partnered Evaluation Initiative

Using Data-Driven Implementation Strategies to Improve the Quality of Cirrhosis Care

Over 80,000 Veterans in VA care have cirrhosis, or advanced liver disease, and millions more are at risk. This evaluation aims to partner with clinicians and leaders from across VA and use state-of-the-art implementation science methods to provide Veterans with the best liver care.

Evidence-based cirrhosis care

Veterans are at risk for cirrhosis due to alcohol use, hepatitis C, fatty liver disease, and other causes. While there are life-saving measures that can slow the progression of cirrhosis, only about one third of Veterans receive care aligned with these evidence-based practices.

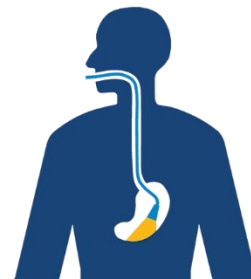
Evidence-Based Practice 1: Surveillance for Hepatocellular Carcinoma (HCC)

- HCC is the most common type of liver cancer.
- Abdominal imaging every 6 months facilitates early diagnosis and treatment.



Evidence-Based Practice 2: Surveillance for and Treatment of Varices

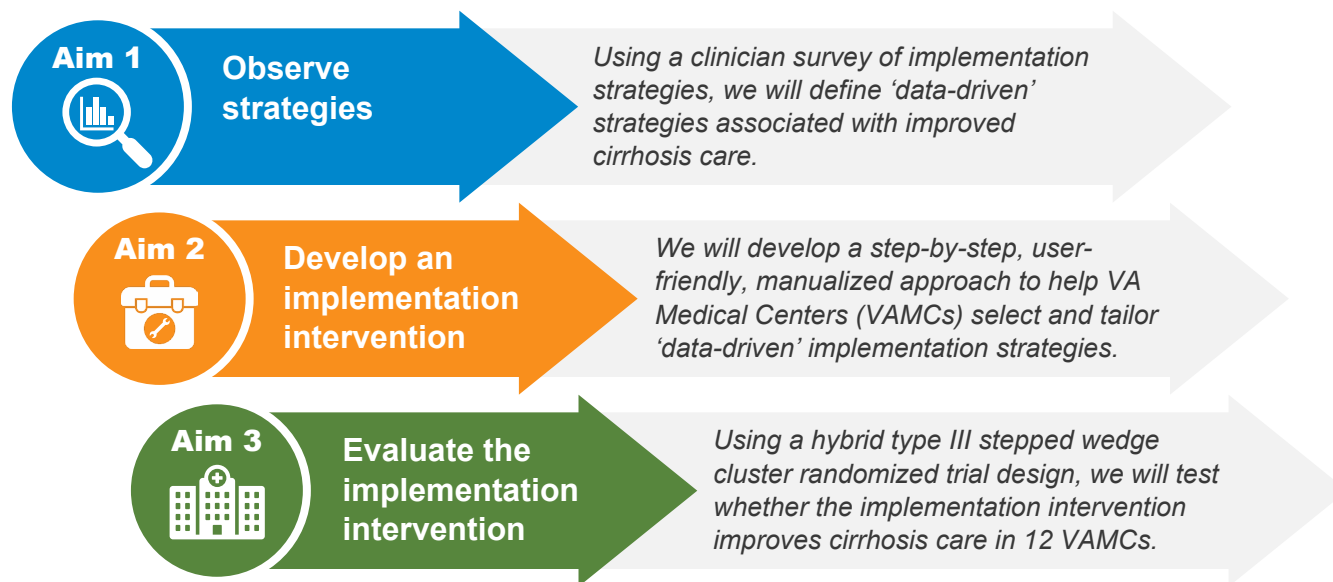
- Varices are enlarged veins in the stomach or esophagus that can rupture and cause life-threatening bleeding.
- Endoscopic surveillance every 3 years can prevent bleeding and mortality.



The HIV, Hepatitis, and Related Conditions Program Office (HHRC) and the National Hepatic Consortium for Redesigning Care created a quality improvement learning collaborative called the Hepatic Innovation Team (HIT) Collaborative to support VA regional teams of providers in delivering evidence-based cirrhosis care.

This program evaluation of the HIT Collaborative aims to develop a data-driven approach to selecting and tailoring implementation strategies while building an intervention to improve VA cirrhosis care.

A new approach to help providers implement evidence-based care



Getting To Implementation: A manualized implementation intervention

We developed **Getting To Implementation (GTI)**, an intervention approach adapted from the Getting To Outcomes (GTO) process, to help VAMCs select, tailor, apply, and evaluate implementation strategies to improve cirrhosis care. Participating VAMCs receive:

- Guidance from experts in cirrhosis care, quality improvement, and implementation science
- A step-wise manual to guide local implementation and evaluation
- Training in quality improvement methods
- Data and evaluation support

Anticipated outcomes and future directions



Develop an intervention to help 12 VAMCs select implementation strategies to improve cirrhosis care



Improve morbidity and mortality for Veterans with cirrhosis in 12 VAMCs



Disseminate the implementation intervention to other VAMCs to improve cirrhosis care



Adapt the intervention to other implementation challenges (e.g., to promote health equity)

For more information, check out:

<https://www.queri.research.va.gov/>

If you would like to learn more or partner with us, please contact shari.rogal@va.gov or vera.yakovchenko@va.gov.

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CHERP